



## **An Introduction to the Boston Centers for Youth & Families**

Dear Grant Recipient:

Congratulations on your award! As Chief of Human Services for the City of Boston, I look forward to working with you.

As you may know, several of the city's existing human service functions have been merged into one brand new department called the Boston Centers for Youth & Families (BCYF). This exciting reorganization is designed to streamline and improve the delivery of human services to the city's children, youth and families.

The purpose of this introduction is simply to inform you about the changes. Your status as a grant recipient and the process you are required to follow once you enter into a contract with the city remain the same.

Like cities across the nation, Boston is experiencing uncertain economic times. Faced with this challenge, Mayor Thomas M. Menino looked for new and creative ways to maximize resources and eliminate duplication while maintaining his top priorities. Mayor Menino asked his cabinet officials and department heads to work together to make government work better for Boston residents.

One of the ideas that grew out of that process was the creation of BCYF. It is a consolidation of Boston Community Centers, the Mayor's Office of Community Partnerships, the Boston 2:00-to-6:00 After-School Initiative and the Recreation Division of the city's Parks and Recreation Department under one roof at 1483 Tremont Street. Mayor Menino announced his plan at April's unveiling of the city's Fiscal Year 2003 Recommended Operating Budget and Five-Year Capital Plan.

The new BCYF will provide one-stop shopping for families looking for programs and services for children and youth from infancy to elders. The goal: to provide education and recreation programs that are both enriching and fun at quality facilities in every neighborhood of Boston.

The BCYF will:

- Provide youth advocacy and development;
- Oversee the operation and maintenance of the city's 43 community centers;
- Serve adult learners by providing a neighborhood network of adult education services;
- Provide accessible, affordable and quality child care and after-school programs for Boston families;
- Build strong partnerships with community-based organizations citywide;
- And secure additional resources to expand its programs.

The BCYF will achieve these goals through its seven divisions:

- Administrative Services
- Community Capacity Building and Partnerships
- Sports and Recreation
- Youth Development Services
- After School and Out-of-School Time
- Child and Family Services
- Boston 2:00-to-6:00 After-School Initiative

I hope you find this overview and the instructions outlined in this manual helpful. Please feel free to contact Youth Programs Manager Cuong P. Hoang at 617-635-4920 x2237 or via e-mail at [cuong.hoang@cityofboston.gov](mailto:cuong.hoang@cityofboston.gov) with questions.

Good luck with your program. Your success is important to us. Thank you for your support of Boston's children, youth and families.

Sincerely,

Juanita B. Wade  
*Chief of Human Services*  
City of Boston  
*Executive Director*  
Boston Centers for Youth & Families

## **The Reporting Manual**

The staff of the Boston Centers for Youth & Families (BCYF) created this Reporting Manual as a guide for grant recipients. It is particularly useful to awardees of the Quality Improvement Fund, the Safe Neighborhood Youth Fund and the Come Out & Play Fund. It details the best and most accurate way to document the outcomes of your work and track your expenditures.

BCYF Youth Funds grants are awarded annually from the city's operating budget. They do not represent funds that the city was awarded from other sources like the federal or state governments.

BCYF determined specific programmatic areas that it would like to impact with the help of contracted service providers. You have agreed to help us in that pursuit by providing a service for a specific price. We are pleased to have your assistance in meeting our goals. By choosing to work with us, you have entered into a legal agreement with the City of Boston that says that you will undertake a specific scope of work for a predetermined dollar amount.

### **Reporting on Your Work**

To ensure that services are provided as outlined in your grant agreement, you are required to submit two written reports to BCYF: the Midterm and Final reports. These reports will keep BCYF staff informed of your progress toward achieving your goals. Both reports contain narrative and financial questions. It may be helpful to familiarize yourself with the forms in each section before reading the narrative description.

All grant recipients are required to submit these reports. It is very important that you read and understand the guidelines for your award. If you have difficulty or questions, please contact your Program Manager. We are here to assist you with the required record keeping.

## **Programmatic Report**

As your project proceeds, it is important that you record successes, benchmarks and challenges. This will help you to continue to improve your program in the future. Take the time to ask yourself: “Did I achieve the goals that I originally set out for this project?” or “What would I do differently next time?” This can be immensely valuable. Whether you were able to achieve all of your goals or not, you should have learned some valuable lessons as a result of the project.

This type of assessment helps us understand how BCYF-funded projects impact the city’s children and youth. It also helps us assess what works and what doesn’t. Your experiences provide us with valuable information that we can pass on to other organizations in the future.

Our questions are intended to aid you while informing us about the impact of your project. Carefully consider each question and answer fully and honestly. We understand that your project may not have unfolded as you planned or as you proposed in your application. However, your ability to identify successes and challenges will be valuable as you think about developing new projects. They will help us as we develop other funding opportunities.

## **Financial Report**

You are responsible for keeping an accurate account of any funds awarded to you by BCYF to support your project. Before you received your award, you signed a contract or grant agreement and provided a budget outlining how you would spend your award. Your financial report documents that you have used your award as stipulated in this contract and budget.

For each type of expenditure you make, you must provide documentation. This documentation not only ensures that funds were spent in a manner consistent with the project that we agreed to support, but also verifies that funds were spent within established City of Boston guidelines. BCYF staff, as well as city auditors, who oversee the proper expenditure of all dollars from the City of Boston, reviews financial reports.

This manual will help you maintain accurate financial records throughout the period of your award. It is important to carefully consider these guidelines as soon as you start spending your award. If you begin to collect your documentation from the beginning of your award period, the process of completing your financial report will be much easier. Do not wait until the last minute to begin record keeping.

## General Instructions

This manual is divided into two sections. The first section outlines the general guidelines for all contracts or grant agreements made with City of Boston general funds by BCYF. There is certain information that must be provided to BCYF and the City of Boston regardless of the type or duration of services.

The second section of this manual describes the information that must be provided to BCYF specific to each award.

## Deadlines

Reports must be received by the due dates indicated on your contract or grant agreement. If you are unable to locate your report deadlines, please contact your Program Manager.

Please note that the due date is **not a postmark deadline**, but the date your report must be received in our office at 1483 Tremont Street.

Faxed and emailed reports will not be accepted. Reports must contain original signatures.

A complete report is expected by the due date. **If a report needs to be returned for further documentation, it is not considered complete.** We suggest that you submit reports early—one to two weeks before the due date. That way we can review them in advance and contact you for any revisions or additional documentation.

Failure to submit complete reports on time will jeopardize your eligibility for future funding. A late report will render you ineligible to apply for funding during the next fiscal year.

## Putting Your Report Together

You are required to complete several forms when submitting your report. If possible, these forms should be typed. Otherwise print legibly in ink. An illegible report cannot be reviewed.

For your convenience, all forms are available in electronic format. If you wish, the forms can be emailed to you or they can be downloaded from the following web page:

<http://www.cityofboston.gov/funding/list.asp>

If you make a mistake when completing a form, do not use whiteout to change information. You should either complete a new form or make changes by crossing out the original item, writing in the correction and initialing the change.

At times, you will be required to attach additional documentation, which should be provided on 8½" x 11" paper. If this documentation is a photocopy, please supply a readable copy.

Please submit two (2) copies of each of your reports, the signed original and one (1) photocopy. You are advised to keep a complete copy of this report for your records.

Please submit your report bound with a paper clip or a binder clip. Do not use staples or special report covers.

### **Your Grant Period**

Your grant period is outlined in the agreement you signed with BCYF. Items and services must be purchased during the grant period. Expenses made outside of this period are not permitted. You may have to return funds to BCYF if you incur expenses outside of the grant period.

All funds should be expended by your grant end date. Funds not expended by this date must be returned to BCYF.

### **Expending your Award**

Please be advised that you cannot use your award for the following expenses:

- Reimbursement of any state or local sales tax;
- Charitable contributions, donations or tips; or
- Late fees, interest or finance charges.

If you are not sure whether a specific expense is allowed, please contact your Program Manager.

## **Budget and Project Amendments**

You may encounter some unexpected obstacles as you implement your project. In order to meet your goals and objectives, you may need to modify aspects of your project or expend your funds differently from your approved budget.

If you need to amend your budget or your scope of services at anytime, you must request the change in writing. Your request must specifically state the changes and explain the reasons why the modifications are necessary. Requests must be received and approved *prior* to the expenditure of funds in a way that differs from your original proposal or budget.

If you make unauthorized expenditures (expenditures that are not outlined in your approved budget) prior to requesting an amendment, you may be required to return a portion of your award.

## **Site Visits**

A BCYF staff member will conduct a site visit to monitor your project and ensure that it is proceeding as described in your proposal. These visits may or may not be scheduled in advance.

In addition, a member of the city's Auditing Department may request a visit to review your financial records.

If a staff member requests a site visit, please do not change the regular routine of your program to accommodate them. We'd prefer to observe your program's regularly scheduled activity. We suggest arranging a visit on a typical day so that the staff member will get the most accurate impression of your program.

## **Key Contacts**

There are several people who will play an important role in overseeing your project during your contract period.

Your Program Manager is your primary contact. He/she can assist you by:

- discussing the implementation of your project
- reviewing any expenditures
- referring you to additional resources
- answering questions about the reporting process

## General Instructions

Your Program Manager is there to help you and answer questions throughout your grant period. If you have questions, we advise you to contact your Program Manager in plenty of time to address your issue. Please do not wait until the last minute to ask for help.



## Report Cover Page Instructions

The Report Cover Page form is a record of basic information about your award. (Please see attached sample and blank copy of the budget cost detail sheet.)

A complete Report Cover Page must accompany each report that you submit.

1. **Contract Reference Number:** Indicate the Contract Reference Number assigned to you at the beginning of your grant period.
2. **Grant Period:** Indicate the start and end date of your grant.
3. **Grant Recipient Name:** Indicate the name of the person or organization that has entered into an agreement with the City of Boston. In some cases this will be your fiscal agent.
4. **FIN/Social Security Number:** Indicate your organization's Federal Identification Number or, if you are a sole proprietor, your Social Security Number.
5. **Program Name:** Indicate the name of the program or project supported by your award.
6. **Address:** Indicate address of the Grant Recipient listed in Box 3.
7. **Total Grant Amount:** Indicate your total award amount.
8. **Amount Received:** Indicate the total amount of funds you have already received. This amount could represent half of your award or the full amount, depending on what you have already received.
9. **Current Reporting Period:** Indicate the period of time that your report represents. The current reporting period for your midterm report, for example, should be from the start of your grant period to a date approximately halfway between the start date and end date of your grant period. The reporting period for your Final Report would be from the same midterm date to the end of your grant period.
10. **Current Report Amount:** Indicate the total amount of funds that are documented in your report. This amount should correspond to the amount of your award that you have already expended.
11. **Report Type:** Check whether you are submitting a Midterm or Final Report.
12. **BCYF Funding Authorization:** Check the appropriate BCYF funding source.
13. **Original Receipt and Invoice Certification:** You will be submitting copies of receipts and invoices to document how you have expended your award. You will keep your

original receipts and invoices at your office. Complete this section to certify that you will maintain receipts and invoices for at least seven (7) years, during which time City of Boston auditors may come to verify that you have these originals on file. Indicate your name, the name of the office where receipts and invoices are maintained and the address of this office. Please sign and date this box.

14. **Signatures/Certification:** Complete this section to signify that you have reviewed your report and that, to the best of your knowledge, the information in this report is true. This section must be signed by the authorized signatory of your organization (this should be the same person who signed your grant agreement).
15. **Additional Contact Information:** The person who completed this report should also sign and provide his or her telephone number. This latter person is the person who will be contacted if we have any questions about this report.

# Report Cover Page



## CITY OF BOSTON REPORT COVER PAGE Boston Centers for Youth & Families 1483 Tremont Street Boston, MA 02120

TYPE OR PRINT IN INK ALL ENTRIES

1. CONTRACT REFERENCE NO.: \_\_\_\_\_ 2. GRANT PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

|  |                    |  |                           |                 |      |                       |      |
|--|--------------------|--|---------------------------|-----------------|------|-----------------------|------|
| 3. GRANT RECIPIENT NAME  |                    | 4. FIN/SOCIAL SECURITY NO.   | 5. FUNDED PROGRAM NAME    |                 |      |                       |      |
| 6. STREET ADDRESS  |                    | CITY   | STATE ZIP                 |                 |      |                       |      |
| 7. TOTAL GRANT AMOUNT  | 8. AMOUNT RECEIVED | 9. CURRENT REPORTING PERIOD  | 10. CURRENT REPORT AMOUNT |                 |      |                       |      |
| 11. Report Type:<br><br>Midterm Report <input type="checkbox"/><br><br>Final Report <input type="checkbox"/>   |                    | 12. BCYF FUNDING AUTHORIZATION (check appropriate box)<br><br>COPF <input type="checkbox"/><br>QIF <input type="checkbox"/><br>SNYF <input type="checkbox"/> |                           |                 |      |                       |      |
| 13. Original Receipt and Invoice Certification<br><br>I, _____, certify that original receipts and invoices are maintained on file at the office of<br>(name of authorized signatory)<br><br>_____ for auditing purposes. This office is located at _____.<br>(name of organization) (address of organization)<br><br>Receipts and invoices will remain available for at least seven (7) years for review.<br><br>SIGNATURE: _____ DATE: _____ |                    |  |                           |                 |      |                       |      |
| 14. Signatures/Certification<br><br>I certify that to the best of my knowledge and belief the data reported above is correct, and all outlays were made in accordance with the contract conditions, and that payment is due and has not been previously requested.<br><br>SIGNATURE: _____ DATE: _____<br>PRINT NAME: _____ TITLE: _____   |                    |  |                           |                 |      |                       |      |
| 15. Additional Contact Information<br><br>PREPARED BY: _____ PHONE: _____<br>PRINT NAME: _____ TITLE: _____  |                    |  |                           |                 |      |                       |      |
| Boston Centers for Youth & Families Use Only<br><table border="1"> <tr> <td>PROGRAM MANAGER</td> <td>DATE</td> </tr> <tr> <td>BCYF/CONTRACT MANAGER</td> <td>DATE</td> </tr> </table> <input type="checkbox"/> Authorization for Final Payment   |                    |  |                           | PROGRAM MANAGER | DATE | BCYF/CONTRACT MANAGER | DATE |
| PROGRAM MANAGER  | DATE               |  |                           |                 |      |                       |      |
| BCYF/CONTRACT MANAGER  | DATE               |  |                           |                 |      |                       |      |

# Report Cover Page



## CITY OF BOSTON REPORT COVER PAGE Boston Centers for Youth & Families 1483 Tremont Street Boston, MA 02120

TYPE OR PRINT IN INK ALL ENTRIES

1. CONTRACT REFERENCE NO.: 20021002

2. GRANT PERIOD FROM 1 July 2001 TO 30 June 2002

|   |  |   |      |   |  |
|---|--|---|------|---|--|
| 3. GRANT RECIPIENT NAME<br><b>Boston Do Gooders</b>   |  | 4. FIN/SOCIAL SECURITY NO.<br><b>04-1234567</b>   |      | 5. FUNDED PROGRAM NAME<br><b>Youth Helping Out</b>        |  |
| 6. STREET ADDRESS<br><b>123 Main Street</b>   |  | CITY<br><b>Boston</b>   |      | STATE<br><b>MA</b>  |  |
|   |  |   |      | ZIP<br><b>02116</b>                                       |  |
| 7. TOTAL GRANT AMOUNT<br><b>\$3,000</b>   |  | 8. AMOUNT RECEIVED<br><b>\$1,500</b>  |      | 9 CURRENT REPORTING PERIOD<br><b>1 July – 31 Dec 2001</b> |  |
|   |  |   |      | 10. CURRENT REPORT AMOUNT<br><b>\$1,500</b>               |  |
| 11. Report Type:<br><br>Midterm Report <input checked="" type="checkbox"/><br>Final Report <input type="checkbox"/>   |  | 12. BCYF FUNDING AUTHORIZATION (check appropriate box)<br><br>COPF <input type="checkbox"/><br>QIF <input type="checkbox"/><br>SNYF <input checked="" type="checkbox"/> |      |   |  |
| 13. Original Receipt and Invoice Certification<br><br>I, <u>John Smith</u> , certify that original receipts and invoices are maintained on file at the office of<br>(name of authorized signatory)<br><br><u>Boston Do Gooders</u> for auditing purposes. This office is located at <u>123 Main Street, Boston, MA 2116</u><br>(name of organization) (address of organization)<br><br>for auditing purposes. Receipts and invoices will remain available for at least seven (7) years for review.<br><br>SIGNATURE: <u>John Smith</u> DATE: <u>January 1, 2002</u> |  |   |      |   |  |
| 14. Signatures/Certification<br><br>I certify that to the best of my knowledge and belief the data reported above is correct, and all outlays were made in accordance with the contract conditions, and that payment is due and has not been previously requested.<br><br>SIGNATURE: <u>John Smith</u> DATE: <u>January 1, 2002</u><br><br>PRINT NAME: <u>John Smith</u> TITLE: <u>Executive Director</u>   |  |   |      |   |  |
| 15. Additional Contact Information<br><br>PREPARED BY: <u>Jane Doe</u> PHONE: <u>617-555-1234</u><br><br>PRINT NAME: <u>Jane Doe</u> TITLE: <u>Program Manager</u>  |  |   |      |   |  |
| Boston Centers for Youth & Families Use Only  |  |   |      |   |  |
| PROGRAM MANAGER   |  |   | DATE |   |  |
| BCYF/CONTRACT MANAGER   |  |   | DATE |   |  |
| <input type="checkbox"/> Authorization for Final Payment  |  |   |      |   |  |

## **Budget Cost Detail Sheet Instructions**

The Budget Cost Detail Sheet is a specific breakdown of the funds expended in all budget categories at the time of the Midterm and Final Reports as they relate to your approved budget. (Please see attached sample and blank copy of the budget cost detail sheet.)

Complete the **header information** for the Budget Cost Detail Sheet as you did for the Report Cover Page by indicating:

- Grant Recipient Name
- Contract Reference Number
- BCYF Funding Source

In the space marked “Budget Approved on,” your Program Manager will indicate the date your budget was approved (usually the start date of your grant unless a budget amendment has been approved for you).

Each of the four sections in the **body** of the Budget Cost Detail Sheet indicates different categories of expenses. For some, there may be expenses that appear in every category. However, most grant recipients will have expenses approved in only one or two of these sections.

### **Section 1: Personnel/Stipend Costs**

A portion of your grant may be approved to pay for personnel or stipend costs. (Please note that Quality Improvement Fund award recipients will *not* have any personnel costs approved.) Each line in this section should itemize a position or person supported by your award.

### **Section 2: Contract Services**

You may have approval to hire a consultant to deliver a specialized service that a staff member cannot provide. For example, this may include the services of a consultant, trainer, entertainer for a special event or speaker. Please list each individual or organization providing you with a contracted service on a separate line in this section.

### **Section 3: Supplies and Materials**

Your award may support the purchase of supplies and materials. This might include some office supplies for your project, supplies you will need for an appreciation dinner or a piece of equipment. Please list the type of supply or material you have purchased on a separate line such as paper, paper plates, cups, toys, books, a laminator, etc.

## **Section 4: Other**

Any expense that has been approved for your award but does not fit into one of the categories listed above should appear here. This could include food, travel, postage or printing costs. Please include these or any other expenses not yet listed.

### **Filling In the Budget Detail Sheet**

Upon notification of your award, your Program Manager will also approve budget items and amounts. Each approved budget item should be entered into your Budget Detail Sheet in the appropriate section. If there are not enough rows on the Budget Detail Sheet, you may attach additional sheets. You may begin to complete your Budget Detail Sheet as soon as you have received your approved budget.

Then transfer your approved budget amounts to the column marked “Approved Amount.” When you total this column, with subtotals at the bottom of each section, the “Grand Total” should equal your award amount.

You should then go down the column marked “Ref #” and assign a reference number to each line item that appears in your budget. You should not number any lines where there is no budget item. This reference number will be used on other documentation that you will provide with this report.

In the “Description of Expense” column, you may provide a more detailed explanation of the expense that you incur. For example, if you pay a stipend to a participant in your program, you would list this expenditure in Section #1 of your budget detail sheet. If “John Doe” is paid \$25 a day for a total of \$100 then:

- “John Doe” would appear in the column marked “Expense”
- “\$100” would appear in the column marked “Approved Amount”
- “\$25 per day” would appear in the column marked “Description of Expense”

### **Completing your Budget Detail Sheet: Midterm Report**

When completing your Midterm Report, you must indicate the amounts you have expended by the midterm deadline in the column marked “Spent as of Midterm.”

To use the above example, we might say that John Doe had provided three days of service toward the funded project and had been paid \$75. Thus, on the Budget Detail Sheet submitted with your Midterm Report, you would indicate \$75 in the “Spent as of Midterm” column.

This is how you should report the amount of money spent in each of your budget line items.

When you total the amounts in the “Spent as of Midterm” column, it is expected that you have spent at least half of your award by the midterm deadline.

### **Completing your Budget Detail Sheet: Final Report**

When completing your Final Report, you must indicate the amounts you have expended between the midterm and the final deadlines in the “Balance Spent as of Final” column.

Let’s return to the John Doe example. By the end of the project John Doe performed an additional day of service for the funded project and was paid \$25. You would indicate \$25 in the “Balance Spent as of Final” column.

In your Final Report, the sum of the amounts indicated in the “Spent as of Midterm” column and the “Balance Spent as of Final” column should equal the amount in the “Approved Amount” column. For John Doe, then, when you add the \$75 from the “Spent as of Midterm” column to the \$25 from the “Balance Spent as of Final” column equals the \$100 in the “Approved Amount” column.

Likewise, the Grand Total for the “Spent as of Midterm” column and for the “Balance Spent as of Final” column should equal the Grand Total of the “Approved Amount” column.

**Budget Cost Detail Sheet**

Recipient Name: \_\_\_\_\_

BCYF Funding Source:

COPF    QIF    SNYF

Contract Reference #: \_\_\_\_\_

Budget Approved on:

**1. Personnel/Stipend Costs**

| REF. #               | EXPENSE: NAME / TITLE | APPROVED AMOUNT | SPENT AS OF MIDTERM | BALANCE SPENT AS OF FINAL | DESCRIPTION OF EXPENSE |
|----------------------|-----------------------|-----------------|---------------------|---------------------------|------------------------|
|                      |                       |                 |                     |                           |                        |
|                      |                       |                 |                     |                           |                        |
| TOTAL STAFF SALARIES |                       |                 |                     |                           |                        |

**2. Contract Services**

| REF. #               | EXPENSE: SERV. PROVIDED / PROVIDER'S NAME | APPROVED AMOUNT | SPENT AS OF MIDTERM | BALANCE SPENT AS OF FINAL | DESCRIPTION OF EXPENSE |
|----------------------|---|-----------------|---------------------|---------------------------|------------------------|
|                      |   |                 |                     |                           |                        |
|                      |   |                 |                     |                           |                        |
| TOTAL CONT. SERVICES |   |                 |                     |                           |                        |

**3. Supplies and Materials**

| REF #                    | EXPENSE: ITEM / EXPENSE | APPROVED AMOUNT | SPENT AS OF MIDTERM | BALANCE SPENT AS OF FINAL | DESCRIPTION OF EXPENSE |
|--------------------------|-------------------------|-----------------|---------------------|---------------------------|------------------------|
|                          |                         |                 |                     |                           |                        |
|                          |                         |                 |                     |                           |                        |
| TOTAL SUP. AND MATERIALS |                         |                 |                     |                           |                        |

**4. Other Expenses**

| REF #                | EXPENSE  | APPROVED AMOUNT | SPENT AS OF MIDTERM | BALANCE SPENT AS OF FINAL | DESCRIPTION OF EXPENSE |
|----------------------|----------|-----------------|---------------------|---------------------------|------------------------|
|                      | Food     |                 |                     |                           |                        |
|                      | Travel   |                 |                     |                           |                        |
|                      | Postage  |                 |                     |                           |                        |
|                      | Printing |                 |                     |                           |                        |
|                      |          |                 |                     |                           |                        |
|                      |          |                 |                     |                           |                        |
| TOTAL OTHER EXPENSES |          |                 |                     |                           |                        |

**5. GRAND TOTAL**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|



**Budget Cost Detail Sheet**Recipient Name: Boston Do Gooders

BCYF Funding Source:

COPF QIF x SNYF

Contract Reference #: 20021002

Budget Approved on: 1 July 2001

**1. Personnel/Stipend Costs**

| REF. #               | EXPENSE: NAME / TITLE | APPROVED AMOUNT | SPENT AS OF MIDTERM | BALANCE SPENT AS OF FINAL | DESCRIPTION OF EXPENSE |
|----------------------|-----------------------|-----------------|---------------------|---------------------------|------------------------|
| 1                    | John Doe              | \$100           | \$75                | \$25                      | \$25/day               |
| 2                    | Teen leader stipends  | \$5,000         | \$2,475             | \$2,525                   | \$9/hour               |
| TOTAL STAFF SALARIES |                       | \$5,100         | \$2,550             | \$2,550                   |                        |

**2. Contract Services**

| REF. #               | EXPENSE: SERV. PROVIDED / PROVIDER'S NAME | APPROVED AMOUNT | SPENT AS OF MIDTERM | BALANCE SPENT AS OF FINAL | DESCRIPTION OF EXPENSE |
|----------------------|---|-----------------|---------------------|---------------------------|------------------------|
| 3                    | Leadership Workshop                       | \$500           |                     | \$500                     | For teens              |
|                      |   |                 |                     |                           |                        |
| TOTAL CONT. SERVICES |   | \$500           |                     | \$500                     |                        |

**3. Supplies and Materials**

| REF #                    | EXPENSE: ITEM / EXPENSE | APPROVED AMOUNT | SPENT AS OF MIDTERM | BALANCE SPENT AS OF FINAL | DESCRIPTION OF EXPENSE |
|--------------------------|-------------------------|-----------------|---------------------|---------------------------|------------------------|
| 4                        | Office supplies         | \$1,000         | \$750               | \$250                     | Paper, pens, etc       |
|                          |                         |                 |                     |                           |                        |
| TOTAL SUP. AND MATERIALS |                         | \$1,000         | \$750               | \$250                     |                        |

**4. Other Expenses**

| REF #                | EXPENSE  | APPROVED AMOUNT | SPENT AS OF MIDTERM | BALANCE SPENT AS OF FINAL | DESCRIPTION OF EXPENSE |
|----------------------|----------|-----------------|---------------------|---------------------------|------------------------|
| 5                    | Food     | \$250           |                     | \$250                     | dinner                 |
|                      | Travel   |                 |                     |                           |                        |
| 6                    | Postage  | \$100           | \$100               |                           | flyers                 |
| 7                    | Printing | \$150           | \$150               |                           | flyers                 |
|                      |          |                 |                     |                           |                        |
|                      |          |                 |                     |                           |                        |
| TOTAL OTHER EXPENSES |          | \$500           | \$250               | \$250                     |                        |

**5. GRAND TOTAL**

|         |         |         |
|---------|---------|---------|
| \$7,100 | \$3,550 | \$3,550 |
|---------|---------|---------|

## Documenting your Expenses

For each of the expenses you have listed on your Budget Detail Sheet, you must provide documentation showing how your funds were spent.

This documentation should be attached to your Budget Detail Sheet.

In all cases, we ask that you provide photocopies of this documentation, including receipts, invoices, time sheets, etc. Please copy your documentation onto 8½" x 11" paper and ensure that your copies are readable. **Photocopies that are not readable are not considered proper documentation.**

We will describe how you must document each of the four expense categories indicated on your Budget Detail Sheet. A different type of documentation is required for each category.

On each piece of documentation you provide, please use the reference number that you filled in on your Budget Detail Sheet. For example, you will notice on the Sample Budget Detail Sheet above we have entered the John Doe example and given it reference #1. When you provide documentation on the \$100 that John Doe has received, you should indicate by writing "#1" on each piece of this documentation to show that this information corresponds to expenses related to line #1 of your budget.

This labeling system will assist us as we review your report.

### Section 1: Personnel/Stipend Costs

If you have approved salaries or stipends, you must submit one of the following documents to verify that your award has been applied to support a salary or stipend:

- A timesheet
- OR
- A payroll register

Whether you submit timesheets or a payroll register, you must also complete the Salary and Stipend Backup Documentation Form to provide additional details about each individual supported by your award. (Please see attached sample and blank copy of the Salary and Stipend Backup Documentation Form.)

### Timesheets

A timesheet records the attendance of an employee on a weekly basis. Timesheets must contain the following information:

- **Name** of the employee
- **Job Title** of the employee
- **Program Name**
- **Social Security Number** of the employee
- **Dates** of the week recorded on this time sheet (please make sure that the dates fall within your grant period)
- **Daily Record** of when the employee arrived at work and left work
- **Total Hours** that are funded by your award for that week
- **Signatures** of both the employee and the employee's supervisor to certify the veracity of the information on the time sheet.

### Payroll register

A payroll register is a printout of the pay that an employee receives that is provided by the company that disburses the employee's paycheck. A common company is ADT. The payroll register should indicate the amount of money the individual received and the pay period that the register covers. (Please be sure that this pay period falls within your grant period.)

### Salary and Stipend Backup Documentation Form

This form provides additional information about the services provided by individuals who are supported by an award from BCYF. It documents how the work performed by these individuals is related to the project described in your proposal.

Complete the **header information** for the Salary and Stipend Backup Documentation Form as you did for the Report Cover Page by indicating the following:

- Grant Recipient Name
- Contract Reference Number
- BCYF Funding Source

Please complete the table on the form as follows:

- **Name:** Indicate the name of the individual paid from your award.
- **Date of Service:** Indicate the period of time during which the individual provided services for your project. Please make sure that these dates fall within your grant period.
- **Hours of Service:** Indicate the amount of time the individual worked on your project.
- **Description of Service:** Provide a short description of the services provided by the individual.
- **Total Paid from Award:** Indicate the total amount of money the person was paid from your award.
- **Signature:** The program director or supervisor should sign to certify that the information provided is accurate. This person should date this form and provide a contact telephone number.

## Salary and Stipend Backup Documentation Form

You must complete this form if you have any expenses in Section #1 of your Budget Detail Form.

Grant Recipient Name: \_\_\_\_\_

Contract Reference #: \_\_\_\_\_

BCYF Funding Source:    COPF        QIF        SNYF

| NAME | DATE(S)<br>OF<br>SERVICE | HOURS<br>OF<br>SERVICE | DESCRIPTION OF SERVICE | TOTAL PAID<br>FROM AWARD |
|------|--------------------------|------------------------|------------------------|--------------------------|
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |

\_\_\_\_\_  
Signature of Program Director or Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone

## Salary and Stipend Backup Documentation Form

You must complete this form if you have any expenses in Section #1 of your Budget Detail Form.

Grant Recipient Name: Boston Do Gooders

Contract Reference #: 20021002

BCYF Funding Source:    COPF        QIF    x    SNYF

| NAME         | DATE(S)<br>OF<br>SERVICE | HOURS<br>OF<br>SERVICE                                       | DESCRIPTION OF SERVICE   | TOTAL PAID<br>FROM AWARD |
|--------------|--------------------------|--|--|--------------------------|
| Jackie Jones | 7/01/01-<br>12/31/01     | 4 hours /<br>day, 5<br>days /<br>week,<br>4 weeks /<br>month | Provided case management services for<br>Transition Students     | \$200.00                 |
| Laurie Jones | 7/01/01-<br>7/30/01      | 4 hours /<br>day for 5<br>days                               | Provided academic counseling services for<br>Transition Students | \$200.00                 |
| John Doe     | 8/01/01-<br>8/10/01      | 3 hours /<br>day for 3<br>days                               | Provided assistance at program field trips                       | \$75.00                  |
|              |                          |  |  |                          |
|              |                          |  |  |                          |
|              |                          |  |  |                          |
|              |                          |  |  |                          |
|              |                          |  |  |                          |

John Smith  
Signature of Program Director or Fiscal Agent

January 1, 2002  
date

617-635-1234  
Contact phone

## Section 2: Contract Services

Individuals or organizations providing contracted services to support your project must provide an invoice to document the services that were provided and the fee for these services. (Please see attached sample invoices.)

An invoice must contain all of the following information:

- **Vendor Letterhead:** Invoices should be provided on the letterhead of the person or organization providing the contracted service. The letterhead should indicate the name, address and contact information for the individual or organization, including telephone and fax numbers and an email address. If letterhead cannot be provided, the vendor can create one by typing or printing the vendor's name, address and telephone number at the top of the invoice.
- **Invoice Date:** The invoice should indicate the date that it was submitted for payment.
- **Date and Time of Services:** The invoice should itemize the specific dates that services were provided, the start and end time of services on each of those dates and the number of hours worked on each day. Please ensure that the date of service falls within your grant period.
- **Description of Services Provided:** The invoice must briefly describe the services provided. If various services were provided at different times, please record when each service was provided.
- **Invoice Total:** The invoice should indicate the total fee for the services summarized on the invoice. If the services were provided over several days, the invoice should detail the fee for each day as well as the total fee for the invoice.
- **Remit To Statement:** The invoice should include the name and address of the person or company that will receive the remitted payment.
- **Signature:** The person providing the contracted service must sign the invoice.

## Sample Invoices

Here is a sample of an **incorrect invoice**. The invoice does not contain a description of the services provided nor does it indicate the exact time the services were provided.

|  |
|--|
| <p>Company B<br/>XX Street<br/>Boston, Ma 02114</p> <p>INVOICE 444<br/>Services rendered for mentoring<br/>3/25/2001 for \$281.00</p> <p>Please remit to: Mentors Are We<br/>111 A Street<br/>Boston, MA 02111<br/>FIN # 042-56-1234</p> |
|--|

All invoices for consultants must have an hourly breakdown of the services rendered. Here is an example of a **correct invoice**.

|  |                         |                                |
|--|-------------------------|--------------------------------|
| <b>INVOICE</b>   |                         |                                |
| March 25, 2001   |                         |                                |
| <p>Company B<br/>XXX Street<br/>Boston, Ma 02114</p>   |                         |                                |
| The following is a breakdown for services rendered on March 25, 2001:                                  |                         |                                |
| Hour(s)  | Description of Service  | Amount                         |
| 9:00 a.m.- 12:00 p.m. 3 hours  | Met with 3 mentors      | 168.75(56.25 per hour)         |
| 1:00 p.m.- 3:00 p.m. 2 hours   | Developed Mentor Manual | <u>112.50</u> (56.25 per hour) |
|  | <b>Total</b>            | <b>\$281.25</b>                |
| <p>Please remit to:<br/>Mentors Are We<br/>111 A Street<br/>Boston, MA 02111<br/>FIN # 042-56-1234</p> |                         |                                |

## Consultant Rates

Consultants that you hire and pay using award funds must conform to certain guidelines established by the City of Boston.

Compensation for individual consultant services should be reasonable and consistent with rates paid for similar services in the market place. Consideration should be given to compensation, including fringe benefits, for those individuals whose employers do not provide the same. **City of Boston policy states that the maximum rate for consultants is \$450 (excluding travel and subsistence costs) for an eight-hour day.**

An eight-hour day may include preparation, evaluation and travel time, and food in addition to the service performed. **This does not mean that the rate should be \$450 for all consultants.** Rates should be developed and reviewed on a case-by-case basis and must be reasonable and in accordance with Office Management Budget Cost Principles for Non-Profit Organizations OMB Circular No# A-122. (A copy is provided at the end of this manual.)

**A request for compensation over \$450 a day requires PRIOR APPROVAL from BCYF and additional justification.** Consultant rates above \$450 a day must be approved on a case-by-case basis. Those consultants must be part of the original application and must provide supporting documentation.

- a. Consultants Associated with Educational Institutions. The maximum hourly rate of compensation that will be allowed is the consultant's academic salary projected for 12 months and divided by 260.
- b. Consultants Employed by State and Local Government. Compensation for these consultants will only be allowed when the unit of government will not provide these services without cost. If a state or local government employee is providing services under a federal grant and is representing their agency without pay from their respective unit of government, the rate of compensation is not to exceed the regular daily salary rate. If the state or local government employee is providing services under a federal grant and is not representing their agency, the rate of compensation is based on the necessary and reasonable cost principle.
- c. Consultants Employed by Commercial and Non-For-Profit Organizations. These organizations are subjected to a competitive bidding process. Thus, they are not subject to the \$450 per day maximum compensation before requesting prior approval. If the individual has the authority to consult without employer involvement, the rate of compensation should not exceed the individual's salary rate paid by his or her employer subject to the \$450 limitation.



- d. Independent Consultants. The rate of compensation for these individuals must be reasonable and consistent with that paid for similar services in the market place. Compensation may include fringe benefits. Consultants obtained through competitive bidding do not require approval, including independent consultants.

### **Sub-Contracts and Procurement Procedures**

Contractors may sub-contract to individual consultants or organizations for work to be done under their own scope of services. In those cases, the procurement and contracting process must follow city regulations. Final accountability still remains with the City of Boston. Subcontractors should submit bills/invoices on company stationary to the contractor who is the fiscal agent. Please include these invoices in reports to BCYF.

#### Pre-Contract

When a contractor sub-contracts out a portion of its work, the contractor is responsible for defining the nature of the work to be performed. The contractor must first develop a scope of services with measurable objectives, a timeframe and an approximate price that is consistent with its scope of services and budget with the City of Boston.

The contractor must then determine a method of procurement to decide who they will contract with to perform the task(s). **City policy calls for procurement to be conducted in a way that provides, to the maximum extent possible, open and free competition.** There are two exceptions: 1) when work can be done within the organization of the contractor (i.e., a different division or department); or 2) when a sole source agreement is required (see sole source information below).

There are different standards for open and free competition depending on the amount of the sub-contract.

- For purchases or contracts under \$1,000, obtain and document three telephone quotes.
- For purchases or contracts between \$1,000 and \$4,999, document one of the following:
  1. Three telephone quotes;
  2. Three written quotes; or
  3. Justification for the sole source purchase or contract.
- For contracts between \$5,000 and \$9,999, select a vendor through an advertised open bid or RFP process or select an unadvertised contract using one of the following methods:
  1. Three telephone quotes;
  2. Three written quotes; or
  3. Justification for the sole source purchase or contract.

- In some circumstances, you may enter into a sole source contract. A sole source contract does not require that you award your sub-contractor through an advertised open bid or RFP process or that you obtain three quotations for work. Sole source contracts can only be considered and justified if the services are only available from a single source due to:

The expertise of the vendor with respect to the vendor's knowledge, management and/or responsiveness, as relates to the scope of services

OR

Documentation of a market study to determine the uniqueness of that vendor and the lack of competition.

Contractors must maintain detailed procurement records that include but are not limited to: the rationale for method of procurement; the method used to select or reject the contractor (through a bid process or RFP); and justification of the sub-contractor's price.

### Contracting

Once a vendor—or sub-contractor—is chosen, it is the responsibility of the contractor to negotiate the scope of services and cost so that the sub-contract includes objectives, activities and measurable outcomes as well as costs that are reasonable and allowable.

The sub-contract must include at least the following elements:

- Midterm and Final reporting
- Scope of services with measurable outcomes
- Budget
- Contract amount
- Contract period
- Rights to the any reports/written materials
- Rights of the contractor and city government to inspect records
- Assurances around drug-free workplace, lobbying and debarment
- Loss and Liability of each party
- Contract termination procedures
- Contingency upon city funding

Contractors may include the terms of their contract with the City of Boston in their sub-contracts. **No payments shall be made for work done before the execution of the sub-contract.**

### Post Contract

**Contractors are responsible for programmatic and fiscal monitoring of the sub-contractors to ensure that the contract is being followed and the scope of services is being met.**

Contractors are also responsible for communicating all invoice procedures in this manual to sub-contractor(s) and any subsequent changes. Contractors are responsible for the proper invoicing of the sub-contractors' bills.

### Section 3: Supplies and Materials & Section 4: Other

To document supplies, materials and any other purchases you have made, as listed in Section #3 and Section #4 of your Budget Detail Report, you must provide a copy of the receipts for the goods that you purchased.

Please copy receipts onto 8½" x 11" paper.

Receipts must contain the following information:

- **Store Name** where the purchase was made;
- **Date of Purchase**;
- An **itemized list** of goods purchased including a description and price of each item;
- A **total** for the receipt.

Below are examples of acceptable and unacceptable receipts:

#### Acceptable

|                     |
|---------------------|
| AB's Variety        |
| 9/7/01              |
| <br>                |
| \$0.99 1 - box pens |
| \$1.05 1 – paper    |
| \$2.99 1 - box pens |
| \$1.00 1 – calendar |
| <br>                |
| total \$6.03        |

#### Not Acceptable

|              |
|--------------|
| AB's Variety |
| <br>         |
| \$ .99       |
| \$1.05       |
| \$2.99       |
| \$1.00       |

Please ensure that when totaling receipts, you do not include sales tax. You cannot pay for sales tax with your award money.

In some cases, you may receive an invoice instead of a receipt (for example, if you purchase a large quantity of goods through a corporate account from Staples). The invoice is acceptable documentation for goods that you purchase.

Under no circumstances will we accept documents marked “packing slip,” “quote,” “draft,” “statement” or “check request.” We will also not accept cancelled checks, credit card slips or credit card statements as documentation.

Please record the line item reference number from your Budget Detail Sheet on each receipt that you submit.

If your receipt contains additional items not covered by your award, highlight the purchases that you are including in your report.

## Documenting Program Activities

As part of your project, you may hold a number of activities or events that are supported by your award. You must complete a Special Event/Activity Form that records basic facts about each of these events or activities. (Please see attached Special Event/Activity Form.)

### Special Event/Activity Form Instructions

Special Event/Activity Forms provide a record of essential information about events and activities funded (either wholly or in part) by BCYF. This form must be completed for **each** event or activity that is paid for with your award.

An event or activity is any special gathering that is not part of your program's regular weekly schedule. This may include a special appreciation party for parents, an event to mark the end of the program, a training session or a field trip that's connected to your funded project.

Your weekly trip to library is not considered a special event or activity and will not require you to complete this form. However, your annual parents' dinner is a special event. If you are unsure whether your event or activity requires the completion of this form, please contact your Program Manager.

Complete the **header information** for the Special Event/Activity Form as you did for the Report Cover Page by indicating the following:

- Grant Recipient Name
- Contract Reference Number
- BCYF Funding Source

Please provide the following information for each event:

- Event title (for example, field trip to museum, parents' night, literacy training or winter celebration)
- Event date
- Location
- Attendance numbers for staff, non-staff adults or parents and youth
- Answers to questions one through 10 on additional sheets of paper. Please number each answer.

Briefly answer each question and make your answers as thoughtful as possible. If a question does not apply to your event (for example, question #4 asks if you distributed any information at your event) simply state that the question is "Not Applicable."

## Special Event/Activity Form

You must complete this form for any special event or activity that is supported by your award. One form must be completed for each event or activity.

Grant Recipient Name: \_\_\_\_\_

Contract Reference #: \_\_\_\_\_

BCYF Funding Source:    COPF        QIF        SNYF

Event Title: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Attendance: # Staff\_\_\_\_    # Adults/parents\_\_\_\_    # Youth\_\_\_\_

Please attached answers to the following questions on separate sheets:

1. What was the purpose or goal of this event? Please relate this purpose or goal specifically to the project for which you received funding and discuss how the event enhances your funded project.
2. Describe briefly what happened at the event. Note any challenges you faced.
3. Did the event occur as planned? If not, please discuss specific challenges you faced.
4. Describe any information distributed at this event, if any. Please attach copies of distributed information or literature.
5. What happened as a result of the event? What were the outcomes? Where these outcomes different from your intended outcomes? If so, please discuss briefly why.
6. Was there any feedback about your event? (Attach evaluations forms, if any)
7. Was/is there any follow-up planned for the event? Will there be other activities planned as a result of this event?
8. If you had to do this event over again, what would you do differently?
9. Please attach the resume or bio of any trainer, consultant, entertainer or any person hired specifically to lead or take part in this event. Please include the person's or persons' name(s) and phone number(s).
10. Please attach an attendance or sign-up sheet.

**SAFE NEIGHBORHOODS YOUTH FUND**



**CITY OF BOSTON THOMAS M. MENINO, MAYOR**

***Contract Manual Supplement***

## **SAFE NEIGHBORHOOD YOUTH FUNDS REPORT GUIDELINES**

These reporting guidelines are designed to assist you in preparing your midterm and final reports. These guidelines apply specifically to Fiscal Year 2003 SNYF grant awards. If your contract number begins with 2003, you should use these reporting guidelines.

### **Deadlines**

All recipients of SNYF awards are required to submit a final report. Some SNYF award recipients are also required to submit a midterm report.

The midterm report is due halfway through your grant period. The final report is due at the end of your grant period. These report deadlines are specified in your grant agreement. Please call if you cannot locate these deadlines.

If your funding is disbursed in two payments, you are required to submit a midterm report. Disbursement of your second payment will be made upon receipt of a complete midterm report. Please allow at least three weeks for this check to be cut and sent to you. If you are using a fiscal agent, the check will be sent to your fiscal agent.

Failure to submit a complete midterm report by the due date will result in the forfeiture of the second half of your award.

Failure to submit a complete final report by the due date will make you ineligible for Youth Funds funding during the next fiscal year.

**You cannot apply for additional Youth Funds funding while any reports are outstanding.**

If you fail to account for any funds that have been disbursed to you, Youth Funds may ask you to return funds to the Boston Centers for Youth & Families.

### **Extensions**

An extension of fourteen (14) days is available for the midterm and final reports. This extension must be requested and received in writing prior to the report deadlines. We can accept both faxes and emails. You will not be penalized in any way for requesting an extension.



### **Expending Awards**

All award funds must be expended by May 30, 2003. All funds not expended by May 30, 2003 must be returned to the Boston Centers for Youth & Families. Extensions cannot be granted beyond this date.

**If your award is being made in two disbursements, you are required to expend the first half of your award by the midterm deadline.** Please review this deadline prior to signing your grant agreement. If you believe that as a result of your organization's expenditure practices you will not be able to expend the first half of your award by the midterm, please contact the Youth Funds immediately at 617-635-4920x2237 or [cuong.hoang@cityofboston.gov](mailto:cuong.hoang@cityofboston.gov).

### **Requesting Program or Budget Amendments**

Any amendments to your program or to your budget must be made in writing prior to implementing these revisions. You must receive written approval of these revisions before you expend any further grant funds.

If you are requesting any amendments to your budget, please submit a new and complete budget for review.

## **Instructions**

## Budget Detail Sheet

A signed and approved budget was sent with your award materials. This budget should be used when submitting your midterm or final reports. If you cannot locate your approved budget, you may call to receive a copy of it.

## Report Narrative

Please attach answers to the following questions on separate pages.

### Goals and Objectives

Have you met the goals and objectives of your program? Discuss areas in which you have exceeded your goals and areas in which you have not been able to meet your goals. Why have you been able to exceed or why have you not been able to meet your goals?

Please describe how your ability or inability to meet your goals will affect the program design as you continue the program. If you had time to redesign this program from the beginning, how would it be different?

### *FUTURE PLANS (only for Final Report)*

Please summarize the results of the evaluation of your project (an evaluation plan was included in your project application).

Will this project continue after this Safe Neighborhood Youth Funds grant ends? If yes, please describe how you will continue to support this program in the future. Please identify potential foundation, corporate and other grant sources. Be as specific as possible as to how your program matches these sources' funding guidelines.

## Youth and Adult Involvement

Please indicate the number of youth and adults involved in your project during the period you received funding. Under each column, please indicate as accurately as possible the neighborhood in which youth, parents and volunteers involved in your project live. Some columns may remain blank, depending on your program.

**Children Directly Served:** The youth who directly participate in your program activities.

**Children Indirectly Served:** The youth who may participate in programs or activities which are organized by the youth directly served by your program. For example, if you have a theater troupe, youth who participate as audience members are the children who are indirectly served.

**Parent Involved:** Those parents who take an active part in your project, however you define parental involvement for your project. These may be the parents who come to a parents' night or those who maintain regular contact with program staff.

**Volunteers Involved:** Those individuals who volunteer their time to help plan or implement your project. In some cases these may also be parents.

**Volunteer Hours:** Total number of volunteer hours contributed by the volunteers in your program. If you had 10 volunteers who each volunteers 2 hours a week for 10 weeks, you should indicate 200 hours here.

## Youth and Adult Involvement Form

**Please complete the following table by filling in numbers where appropriate.**

| Constituent Neighborhood | Children Directly Served | Children Indirectly Served | Parents Involved | Volunteers Involved | Volunteer Hours |
|--------------------------|--------------------------|----------------------------|------------------|---------------------|-----------------|
| Allston/Brighton         |                          |                            |                  |                     |                 |
| Back Bay                 |                          |                            |                  |                     |                 |
| Beacon Hill              |                          |                            |                  |                     |                 |
| Charlestown              |                          |                            |                  |                     |                 |
| Chinatown                |                          |                            |                  |                     |                 |
| Dorchester               |                          |                            |                  |                     |                 |
| East Boston              |                          |                            |                  |                     |                 |
| Fenway/Kenmore           |                          |                            |                  |                     |                 |
| Hyde Park                |                          |                            |                  |                     |                 |
| Jamaica Plain            |                          |                            |                  |                     |                 |
| Mattapan                 |                          |                            |                  |                     |                 |
| Mission Hill             |                          |                            |                  |                     |                 |
| North End                |                          |                            |                  |                     |                 |
| Roslindale               |                          |                            |                  |                     |                 |
| Roxbury                  |                          |                            |                  |                     |                 |
| South Boston             |                          |                            |                  |                     |                 |
| South End                |                          |                            |                  |                     |                 |
| West Roxbury             |                          |                            |                  |                     |                 |
| Other                    |                          |                            |                  |                     |                 |
| <b>TOTAL</b>             |                          |                            |                  |                     |                 |

## **Youth Program Evaluation**

Please have at least ten (10) youth participants in your project complete this Youth Program Evaluation. If your program has less than ten participants, then all participants must fill out the Youth Program Evaluation form. Please fill in the header information and distribute these evaluations to youth in your program.

If you distribute an evaluation to youth in your program, this may be substitute for our Youth Program Evaluation. You must request to use your own evaluation and provide a copy of your evaluation for review.

## Youth Program Evaluation

CONTRACT # \_\_\_\_\_(must be filled in—ask program director for #)

NAME OF ORGANIZATION\_\_\_\_\_

NAME OF PROJECT\_\_\_\_\_

PROGRAM DIRECTOR\_\_\_\_\_

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1. What did you like about the program?

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2. What did you dislike about the program?

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3. What would you change about the program?

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4. How long did you attend this program?

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5. Would you recommend this program to a friend? (Please explain your answer)

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6. What did you learn or accomplish by being part of this program? (Please be specific)

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*7. Please add any additional thoughts or comments about the program that you might like to appear in the SNYF annual report.*

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Name \_\_\_\_\_ Age \_\_\_\_\_ (OPTIONAL)



### **Annual Report Information**

Please include any photographs, thoughts or comments about your program that you might like to appear in the Youth Funds annual report. By submitting these photos or statements, you give the City of Boston permission to use these photos or statements. You are responsible for obtaining the appropriate releases. On the back of all photos, please write your contract number and the program name.

## **Checklist**

An original and one (1) copy of each of these items must be included in your report.

1. City of Boston Contractor's Invoice Cover Page
2. Budget Detail Sheet
3. All budget documentation
4. Salary and Stipend Backup Documentation Form (if applicable)
5. Special Event/Activity Form (if applicable)
6. Youth and Adult Involvement Form
7. Report Narrative

An original of these materials should be included with final reports only

8. Youth Program Evaluations
9. Annual Report Information

## **CONTACT INFORMATION**

Cuong P. Hoang  
Youth Funds Manager  
Boston Centers for Youth & Families  
1483 Tremont Street  
Boston, MA 02120  
617-635-4920 x2237  
cuong.hoang@cityofboston.gov

## Abbreviations

Acronyms commonly used in the Boston Centers for Youth & Families Reporting Manual.

|      |                                       |
|------|---------------------------------------|
| BCYF | Boston Centers for Youth and Families |
| COPF | Mayor Menino's Come Out & Play Fund   |
| QIF  | Quality Improvement Fund              |
| SNYF | Safe Neighborhood Youth Fund          |

## Glossary of Terms

**Contract Reference Number**—Your contract reference number identifies your contract or grant agreement. You are assigned a contract reference number at the beginning of your grant period. If you do not know your contract reference number, contact your Program Manager.

**Fiscal Agent**—For the purposes of these awards, the City of Boston only enters into a contract with non-profit organizations or sole proprietors (in the case of the Quality Improvement Fund only).

In some cases, an informal association may seek an award from BCYF. To do so, the informal association must find a Fiscal Agent. This Fiscal Agent then receives the award from the City of Boston. This Fiscal Agent also enters into an agreement with the City of Boston, which explains that a third party will provide services under the grant terms.

**Grant Agreement**—In some cases, you may not have signed a contract with the City of Boston, but a Grant Agreement. Similar to a contract, a Grant Agreement describes services that you must perform in return for a certain amount of compensation. In this manual, the terms “Contract” and “Grant Agreement” are used interchangeably.

**Grant Period**—The time period during which the project described in your proposal is implemented. The grant period is indicated specifically in your contract or grant agreement and is determined by the start and end dates indicated in your original proposal.

**Grant Recipient**—The individual or organization that has entered into a contract or signed a grant agreement with the City of Boston. As a Grant Recipient, you have agreed to provide a specific set of services in return for a set amount of money. A Grant Recipient must be a non-profit organization or a sole proprietor (in the case of some

## Glossary of Terms

Family Childcare Providers). If you are using a Fiscal Agent, the Fiscal Agent is the official Grant Recipient.

**Scope of Services**—The project that you will undertake upon receiving an award from BCYF and the specific tasks you will perform as described in your original proposal.

**Vendor**—A vendor is an individual or organization that provides you with goods and services. A sub-contractor is also considered a vendor. For the purposes of these awards, you are acting as a vendor to the City of Boston.

## **Blank Forms**

Please note, not all of these forms may apply to your program



**CITY OF BOSTON**  
**REPORT COVER PAGE**  
**Boston Centers for Youth & Families**  
**1483 Tremont Street**  
**Boston, MA 02120**

TYPE OR PRINT IN INK ALL ENTRIES

1. CONTRACT REFERENCE NO.: \_\_\_\_\_ 2. GRANT PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

|  |                    |  |                           |
|--|--------------------|--|---------------------------|
| 3. GRANT RECIPIENT NAME  |                    | 4. FIN/SOCIAL SECURITY NO.   | 5. FUNDED PROGRAM NAME    |
| 6. STREET ADDRESS  |                    | CITY   | STATE ZIP                 |
| 7. TOTAL GRANT AMOUNT  | 8. AMOUNT RECEIVED | 9. CURRENT REPORTING PERIOD  | 10. CURRENT REPORT AMOUNT |
| 11. Report Type:<br><br>Midterm Report <input type="checkbox"/><br><br>Final Report <input type="checkbox"/>   |                    | 12. BCYF FUNDING AUTHORIZATION (check appropriate box)<br><br>COPF <input type="checkbox"/><br><br>QIF <input type="checkbox"/><br><br>SNYF <input type="checkbox"/> |                           |
| 13. Original Receipt and Invoice Certification<br><br>I, _____, certify that original receipts and invoices are maintained on file at the office of<br>(name of authorized signatory)<br><br>_____ for auditing purposes. This office is located at _____.<br>(name of organization) (address of organization)<br><br>Receipts and invoices will remain available for at least seven (7) years for review.<br><br>SIGNATURE: _____ DATE: _____ |                    |  |                           |
| 14. Signatures/Certification<br><br>I certify that to the best of my knowledge and belief the data reported above is correct, and all outlays were made in accordance with the contract conditions, and that payment is due and has not been previously requested.<br><br>SIGNATURE: _____ DATE: _____<br><br>PRINT NAME: _____ TITLE: _____   |                    |  |                           |
| 15. Additional Contact Information<br><br>PREPARED BY: _____ PHONE: _____<br><br>PRINT NAME: _____ TITLE: _____  |                    |  |                           |
| Boston Centers for Youth & Families Use Only   |                    |  |                           |
| PROGRAM MANAGER  |                    | DATE   |                           |
| BCYF/CONTRACT MANAGER  |                    | DATE   |                           |
| <input type="checkbox"/> Authorization for Final Payment   |                    |  |                           |

You must complete this form if you have any expenses in Section #1 of your Budget Detail Form.

Grant Recipient Name: \_\_\_\_\_

Contractor Reference #: \_\_\_\_\_

BCYF Funding Source:    COPF        QIF        SNYF

| NAME | DATE(S)<br>OF<br>SERVICE | HOURS<br>OF<br>SERVICE | DESCRIPTION OF SERVICE | TOTAL PAID<br>FROM AWARD |
|------|--------------------------|------------------------|------------------------|--------------------------|
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |
|      |                          |                        |                        |                          |

\_\_\_\_\_  
Signature of Program Director or Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone

## Special Event/Activity Form

You must complete this form for any special event or activity, which is supported by your award. One form must be completed for each event or activity.

Grant Recipient Name: \_\_\_\_\_

Contractor Reference #: \_\_\_\_\_

BCYF Funding Source:    COPF        QIF        SNYF

Event Title: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Attendance: # Staff\_\_\_\_    # Adults/parents\_\_\_\_    # Youth\_\_\_\_

Please attached answers to the following questions on separate sheets:

1. What was the purpose or goal of this event? Please relate this purpose or goal to your funded project. Discuss how the event enhances your funded project.
2. Briefly describe what actually occurred at the event. Note any challenges you faced.
3. Did the event occur as planned? If not, please discuss specific challenges you faced.
4. Describe any information distributed at this event, if applicable. Please attach copies of distributed information or literature.
5. What happened as a result of the event? What were the actual outcomes? Were these outcomes different from your intended outcomes? If so, please discuss briefly why.
6. Was there any feedback about your event? (Attach evaluations forms, if any)
7. Was/is there any follow-up planned for the event? Will there be other activities planned as a result of this event?
8. If you had to do this event over again, what would you do differently?
9. Please attach the resume or bio of any trainer, consultant, entertainer or any person hired specifically to lead or take part in this event. Please include the person's or persons' name and phone number.
10. Please attach an attendance or sign-up sheet.



## Youth and Adult Involvement Form

**Please complete the following table by filling in numbers where appropriate.**

| <b>Constituent<br/>Neighborhood</b> | <b>Children<br/>Directly<br/>Served</b> | <b>Children<br/>Indirectly<br/>Served</b> | <b>Parents<br/>Involved</b> | <b>Volunteers<br/>Involved</b> | <b>Volunteer<br/>Hours</b> |
|-------------------------------------|---|---|-----------------------------|--------------------------------|----------------------------|
| Allston/<br>Brighton                |   |   |                             |                                |                            |
| Back Bay                            |   |   |                             |                                |                            |
| Beacon Hill                         |   |   |                             |                                |                            |
| Charlestown                         |   |   |                             |                                |                            |
| Chinatown                           |   |   |                             |                                |                            |
| Dorchester                          |   |   |                             |                                |                            |
| East Boston                         |   |   |                             |                                |                            |
| Fenway/<br>Kenmore                  |   |   |                             |                                |                            |
| Hyde Park                           |   |   |                             |                                |                            |
| Jamaica Plain                       |   |   |                             |                                |                            |
| Mattapan                            |   |   |                             |                                |                            |
| Mission Hill                        |   |   |                             |                                |                            |
| North End                           |   |   |                             |                                |                            |
| Roslindale                          |   |   |                             |                                |                            |
| Roxbury                             |   |   |                             |                                |                            |
| South Boston                        |   |   |                             |                                |                            |
| South End                           |   |   |                             |                                |                            |
| West Roxbury                        |   |   |                             |                                |                            |
| Other                               |   |   |                             |                                |                            |
| <b>TOTAL</b>                        |   |   |                             |                                |                            |

## Youth Program Evaluation

CONTRACT # \_\_\_\_\_ (must be filled in—ask program director for #)

NAME OF ORGANIZATION \_\_\_\_\_

NAME OF PROJECT \_\_\_\_\_

PROGRAM DIRECTOR \_\_\_\_\_

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2. What did you like about the program?

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3. What did you dislike about the program?

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4. What would you change about the program?

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4. How long did you attend this program?

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5. Would you recommend this program to a friend? (Please explain your answer)

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6. What did you learn or accomplish by being part of this program? (Please be specific)

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7. Please add any additional thoughts or comments about the program that you might like to appear in a SNYF publication.

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Name\_\_\_\_\_ Age\_\_\_\_\_ (OPTIONAL)

## **Contact Information**

Cuong P. Hoang  
Boston Centers for Youth & Families  
1483 Tremont Street  
Boston, MA 02120  
614-635-4920 x2237  
[cuong.hoang@cityofboston.gov](mailto:cuong.hoang@cityofboston.gov)